PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where m

appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed oth	ng the Patent, advance of herwise in Block 1, by (orders and notification of a a) specifying a new corre	naintenance fees w spondence address;	vill be m and/or	nailed to the current c (b) indicating a separ-	correspondence address as ate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
53443	7590 12/11	/2009	nav			· ·	niesio n
WOODCOCK CIRA CENTRE 2929 ARCH ST	I he Stat add tran	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
PHILADELPHI	A, PA 19104-2891						(Depositor's name)
							(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/830,130	04/21/2004		Thomas Albertson		SYNT-0199		7452
TITLE OF INVENTION	: STERNAL RECONST	RUCTION SYSTEM					
			•	ı			1
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	03/11/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS				
ARAJ, MICHAEL J		3775	606-074000				
1. Change of correspond CFR 1.363).	ence address or indicatio	n of "Fee Address" (37	2. For printing on the p	1 0		1	
	ondence address (or Cha B/122) attached.	inge of Correspondence	(1) the names of up to or agents OR, alternati	vely,			
National Pro/35/122/ attached. National Pro/35/122/ attached.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty)	pe)			
PLEASE NOTE: Uni	less an assignee is ident h in 37 CFR 3.11. Com	ified below, no assignee	data will appear on the p T a substitute for filing an	atent. If an assign	ee is ide	entified below, the doo	cument has been filed for
(A) NAME OF ASSI	•	(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Synthes US	SA, LLC	West Chester, Pennsylvania					
Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent): \Box	Individual XXKC	orporatio	n or other private grou	p entity 🗖 Government
4a. The following fee(s)	are submitted:	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)					
M∑Mssue Fee			☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.				
XXXPublication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			All The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 233050 (enclose an extra copy of this form).				
			overpayment, to Depo	sit Account Numbe	er2.	33050 (enclose an	extra copy of this form).
5. Change in Entity Sta	tus (from status indicate is SMALL ENTITY statu	· · · · · · · · · · · · · · · · · · ·	☐ b. Applicant is no lon	ger claiming SMAI	LL ENT	ITY status See 37 CFI	R 1 27(a)(2)
NOTE: The Issue Fee an	d Publication Fee (if req	uired) will not be accepte	ed from anyone other than t				
interest as shown by the	records of the United Sta	ites Patent and Trademarl	c Office.				
Authorized Signature	/Jeremy M	1. Dukmen/		Date		10, 2010	
Typed or printed nam	e	I. Dukmen		Registration N			
an application. Confiden submitting the complete	tiality is governed by 35 d application form to the ions for reducing this but irginia 22313-1450. DC	U.S.C. 122 and 37 CFR USPTO. Time will vary	on is required to obtain or a 1.14. This collection is esty depending upon the individent of the Chief Information Office COMPLETED FORMS TO	timated to take 12 r vidual case. Any co	minutes (mments	to complete, including on the amount of tim	gathering, preparing, and e vou require to complete

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.